

09/308,192

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.J.P.E. CLASSIFIER | | 6 | 5-16-99 |
| FORMALITY REVIEW | | | 7/26/99 |

BEST AVAILABLE COPY

INDEX OF CLAIMS

- ✓ _____ Rejected
- _____ Allowed
- (Through number) _____ Canceled
- + _____ Restricted
- N _____ Non-elected
- I _____ Interference
- A _____ Appeal
- O _____ Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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